


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000106242  
 1. Entity Name  
 TRINITY INVESTMENTS INC.



Principal Place of Business      Mailing Address  
 4268 FRANCES DRIVE      4268 FRANCES DRIVE  
 DELRAY BEACH, FL 33445      DELRAY BEACH, FL 33445



04172008- - - No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 06-1687563      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MEYER, DONALD E III  
 4268 FRANCES DRIVE  
 DELRAY BEACH, FL 33445

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

U00000908360  
 05/06/08-80026-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MEYER, DONALD E III
STREET ADDRESS	4268 FRANCES DR
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	S
NAME	MEYER, JANE A
STREET ADDRESS	4268 FRANCES DR
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	V
NAME	MEYER, JOHN C
STREET ADDRESS	4268 FRANCES DR
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_      4/17/08      561-865-9940  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #